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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H70854** (5)
1. Corporation Name
OMNITECH DESIGNS, INC.



Principal Place of Business: 6722 NW 18TH DR 1 GAINESVILLE FL 32653 US
Mailing Address: 6722 NW 18TH DR GAINESVILLE FL 32653-1668 US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 08/12/1985
3a. Date of Last Report: 06/07/1996
4. FEI Number: 59-2573407
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: DANIEL, THOMAS A. 623 MAIN ST SUITE C-4 GAINESVILLE FL 32601

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: KRATKA, FRED	1.1 TITLE:	1.2 NAME:
STREET ADDRESS: 2312 N.W. 177TH AVENUE	CITY- ST- ZIP: GAINESVILLE FL	1.3 STREET ADDRESS:	1.4 CITY- ST- ZIP:
TITLE: D	NAME: KRATKA, TERRI	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 2312 N.W. 177TH AVENUE	CITY- ST- ZIP: GAINESVILLE FL	2.3 STREET ADDRESS:	2.4 CITY- ST- ZIP:
TITLE:	NAME:	3.1 TITLE:	3.2 NAME:
STREET ADDRESS:	CITY- ST- ZIP:	3.3 STREET ADDRESS:	3.4 CITY- ST- ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY- ST- ZIP:	4.3 STREET ADDRESS:	4.4 CITY- ST- ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY- ST- ZIP:	5.3 STREET ADDRESS:	5.4 CITY- ST- ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY- ST- ZIP:	6.3 STREET ADDRESS:	6.4 CITY- ST- ZIP:

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or is changed, or on an attachment with an address.

SIGNATURE: *Fred Kratka* FRED KRATKA Pres 2/17/97 352376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone # 3405

CR2E034 (9/96)